

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>			
<b>FORMALITY REVIEW</b>			
<b>RESPONSE FORMALITY REVIEW</b>			

## INDEX OF CLAIMS

✓ .....	Rejected	N .....	Non-elected
= .....	Allowed	I .....	Interference
— (Through numeral)...	Canceled	A .....	Appeal
÷ .....	Restricted	O .....	Objected

## BEST AVAILABLE CO

Claim	Final	Original	Date
1	✓	✓	2/28/02
2	✓	✓	2/28/02
3	✓	✓	2/1/03
4	✓	✓	2/1/03
5	✓	✓	2/1/03
6	✓	✓	2/1/03
7	✓	✓	2/1/03
8	✓	✓	2/1/03
9	✓	✓	2/1/03
10	✓	✓	2/1/03
11	✓	✓	2/1/03
12	✓	✓	2/1/03
13	✓	✓	2/1/03
14	✓	✓	2/1/03
15	✓	✓	2/1/03
16	✓	✓	2/1/03
17	✓	✓	2/1/03
18	✓	✓	2/1/03
19	✓	✓	2/1/03
20	✓	✓	2/1/03
21	✓	✓	2/1/03
22	✓	✓	2/1/03
23	✓	✓	2/1/03
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25	✓	✓	2/1/03
26	✓	✓	2/1/03
27	✓	✓	2/1/03
28	✓	✓	2/1/03
29	✓	✓	2/1/03
30	✓	✓	2/1/03
31	✓	✓	2/1/03
32	✓	✓	2/1/03
33	✓	✓	2/1/03
34	✓	✓	2/1/03
35	✓	✓	2/1/03
36	✓	✓	2/1/03
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Claim	Date	
Final Original		
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If more than 150 claims or 10 actions  
staple additional sheet here